

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only



1. FILE NUMBER

0 0 1 - 7 5 8

2. PERIOD COVERED

MO DAY YEAR

From 0 1 0 1 2 0 0 0

Through 1 2 3 1 2 0 0 0

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:

(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

KENNETH PAULSEN (2) 001-758
HOTEL EMPL, RESTAURANT EMPL AFL-CIO 540
LU 878
P O BOX 100564
ANCHORAGE, AK 99510 12/2000



8. MAILING ADDRESS (Type or print in capital letters.)

First Name

Last Name

P.O. Box • Building and Room Number (if any)

Number and Street

City

State

ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?
(If "No," provide address in Item 75.)

Yes ☒ No

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number

10 SEE ATTACHED SCHEDULE
11 SEE ATTACHED SCHEDULE
14 SEE ATTACHED SCHEDULE
19 SEE ATTACHED SCHEDULE

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:

John W. Weller

PRESIDENT
(If other title,
see instructions.)

77. SIGNED:

Ted T. Nansen

TREASURER
(If other title,
see instructions.)

3 130 01 (202) 901-272-6591

03 130 31 (202) 393-4373

Date

Telephone Number

Date

Telephone Number

Kenn Paulsen, Intl. Trustee 3/30/01 - 901/272-6591

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | X | |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?

1 4 6 7

19. What is the date of your organization's next regular election of officers?

MO	YEAR
0 3	2 0 0 1

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

5 0 0 0 0 0

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

- | | |
|-----------------------|---|
| (a) Regular Dues/Fees | \$ 16.30-32.60 per MONTH
(Month, Year, etc.) |
| (b) Initiation Fees | \$ 70.60 |
| (c) Transfer Fees | \$ |
| (d) Work Permits | \$ 32.60 per MONTH
(Month, Year, etc.) |

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes	No
	X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

X

24. Did your organization have any contingent liabilities at the end of the reporting period?

X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 0 1 — 7 5 8

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash		1 2 1 8 9 5 6	1 3 3 6 5 1 5
	26. Accounts Receivable		9 9	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	2 6 9 5 4 7	2 6 2 5 0 4
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		1 4 8 8 6 0 2	1 5 9 9 0 1 9
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	4 8 6 5	3 9 9 9
	37. TOTAL LIABILITIES		4 8 6 5	3 9 9 9
	38. NET ASSETS (Item 32 less Item 37)		1 4 8 3 7 3 7	1 5 9 5 0 2 0

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 1 — 7 5 8

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		5 4 0 6 1 7	56. To Officers	9	0
40. Per Capita Tax		0	57. To Employees	10	1 7 1 4 4 0
41. Fees		6 2 2 8 2	58. Per Capita Tax		1 7 7 9 6 2
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		2 3 7 6 7	60. Office & Administrative Expense	13	9 1 1 5 7
44. Work Permits		0	61. Educational & Publicity Expense ...		3 5 2
45. Sale of Supplies		0	62. Professional Fees		1 4 7 8 1
46. Interest		5 4 9 0 4	63. Benefits	11	4 5 8 6 8
47. Dividends		0	64. Contributions, Gifts & Grants	12	2 0 0
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		2 1 6 7 0
50. Loans Obtained	8	0	67. Withholding Taxes		4 3 7 3 3
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	1 4 4 6
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	8 0 8 0	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	3 4 8 2
55. TOTAL RECEIPTS		6 8 9 6 5 0	74. TOTAL DISBURSEMENTS		5 7 2 0 9 1

FILE NUMBER: 001-758

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Enter the Totals from Line 6 in _____</div> <div> <div>↑</div> <div>Item 27</div> <div>Column (A)</div> </div> <div> <div>↑</div> <div>Item 69</div> </div> <div> <div>↑</div> <div>Item 51</div> </div> <div> <div>↑</div> <div>Item 75</div> <div>with Explanation</div> </div> <div> <div>↑</div> <div>Item 27</div> <div>Column (B)</div> </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 0 1 - 7 5 8

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. WITHHELD TAXES	3,999
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 1 - 7 5 8


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): ANCHORAGE, ALASKA	237,164		237,164	UNKNOWN
2. Totals from additional pages (if any)				
3. Buildings (give location): ANCHORAGE, ALASKA	74,817	60,329	14,488	UNKNOWN
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	26,363	15,511	10,852	UNKNOWN
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	338,344	75,840	2 6 2 5 0 4	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 1 - 7 5 8

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE EQUIPMENT	1,446	1,446	1,446
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1,446	1,446	1,446
	7. Less Reinvestments		
	8. Net Purchases		1 4 4 6
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 0 1 - 7 5 8

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. <small>Last Name First Name</small> Title Status						
2. <small>Last Name First Name</small> Title Status						
3. <small>Last Name First Name</small> Title Status						
4. <small>Last Name First Name</small> Title Status						
5. <small>Last Name First Name</small> Title Status						
6. <small>Last Name First Name</small> Title Status						
7. <small>Last Name First Name</small> Title Status						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		0	0	0	0	0
				10. Less Deductions 0		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 0		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 1 — 7 5 8

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name 1. PUGAY	First Name ESTELA	3 4 3 1 7	0	7 0	0	3 4 3 8 7
Position OFFICE MANAGER						
Name of Affiliated Organization NONE						
Last Name 2. HANSHAW	First Name GARY	1 2 0 0 0	0	4 4	0	1 2 0 4 4
Position BUSINESS AGENT						
Name of Affiliated Organization NONE						
Last Name 3. CALER	First Name JAROSLA	2 6 8 4 1	0	0	0	2 6 8 4 1
Position OFFICE CLERK						
Name of Affiliated Organization NONE						
Last Name 4. JONES	First Name MARVIN	3 4 8 0 0	0	1 7 3 2	0	3 6 5 3 2
Position BUSINESS AGENT						
Name of Affiliated Organization NONE						
Last Name 5. GILES	First Name PATRICI	3 0 8 9 7	0	0	0	3 0 8 9 7
Position OFFICE CLERK						
Name of Affiliated Organization NONE						
6. Totals from additional pages <small>(if any)</small>		34,800	0	637	0	35,437
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		40,335	0	1,316	0	41,651
8. Totals of Lines 1 through 7		213,990	0	3,799	0	217,789
				9. Less Deductions 4 6 3 4 9		
Enter the Total from Line 10 in..... Item 57 ➡				10. Net Disbursements 1 7 1 4 4 0		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 0 1 — 7 5 8

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH	TRUST FUND	33,302
2. PENSION	TRUST FUND	8,615
3. LEGAL	TRUST FUND	951
4. DEATH	BENEFICIARY	3,000
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		4 5 8 6 8
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE DONATIONS	200
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 0 0
Enter the Total from Line 8 in	
↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. INSURANCE	4,010
2. REFUNDED DUES	11,048
3. TELEPHONE	18,442
4. UTILITIES	4,576
5. OFFICE SUPPLIES & EXPENSE	15,427
6. POSTAGE	7,545
7. Total from additional pages (if any)	30,109
8. Total of Lines 1 through 7	9 1 1 5 7
Enter the Total from Line 8 in	
↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. REIMBURSED EXPENSES	6,731
2. TAX REFUND	99
3. DEATH BENEFITS	1,250
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	8 0 8 0
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. DUES (W/H)	3,482
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 4 8 2
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: **HERE LOCAL 878**

ENDING DATE OF PERIOD COVERED: **12/31/2000**

FILE NUMBER: **0 0 1 - 7 5 8**

PAGE **1** OF **1** ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: B R A W L E Y First Name: T O R A Position: B U S I N E S S A G E N T Name of Affiliated Organization: N O N E	3 4 8 0 0	0	6 3 7	0	3 5 4 3 7
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Totals	34,800	0	637	0	35,437

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

Page 1, Line 75 - Additional Information

ITEM

10 Local 878 Building Corporation
P.O. Box 100564
Anchorage, AK 99510

The assets, liabilities, receipts and disbursements of this organization are included with this report.

11 Alaska Hotel Employees and Restaurant Employees
Pension Plan
Alaska Hotel Employees and Restaurant Employees
Health Plan
Alaska Hotel Employees and Restaurant Employees
Legal Plan
Alaska Bartenders Pension Plan

14 Audit of financial statements performed by Lockitch,
Clements & Rice, P.S.

19 The Local is under trusteeship. Elections are to be
held March 2001 and the Local operating on its own
April 1, 2001.

Page 11, Schedule 13 - Office and Administrative Expense

Printing
Maintenance and repairs
Equipment leases
Rent
Life member benefits
Stewards expense
Travel

\$	2,184
	3,748
	5,817
	6,444
	157
	5,937
	<u>9,621</u>
	33,908
	<u>3,799</u>
\$	<u>30,109</u>

Less expenses deducted on Schedule 10

